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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/625749
	Filing Date	7/22/2003
	First Named Inventor	Oystein Fodstad
	Art Unit	1614
	Examiner Name	Gailene Gabel
	Attorney Docket Number	08966.0031USRE

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number XXXXXXXXXX

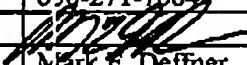
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The reasons for this request are:

The client has assented to our withdrawal.

CORRESPONDENCE ADDRESS

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Name	Mark E. Deffner	Registration No.	55,103
Date	12/09/2004	Telephone No.	612.332.5300

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